

DEPARTMENT OF HEALTH SERVICES

471 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



April 1, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Ramos Coordinators

Letter No.: 94-36

SHARE-OF-COST (SOC) RAMOS CASES AND BENEFITS IDENTIFICATION CARD (BIC)
COUNTIES

This is to inform counties about how Ramos extended SOC eligibles will be treated in counties implementing the BIC and to give counties information on a problem with Ramos couples who have a SOC.

Background: As counties are implementing the BIC, they are phasing out the MC 177 SOC form. For Ramos beneficiaries who would normally receive an MC 177 (the excess income persons, approximately 6-9,000 a month statewide), and were in the BIC implementation group, we are planning to eliminate the MC177. Instead of the MC 177, the BIC implementation group has a SOC printed on their Notice of Action (NOA). This NOA is slightly different from the current Ramos NOAs to reflect the new BIC card implementation.

Couples Problem

Because of MEDS programming problems, Supplemental Security Income/State Supplementary Payment (SSI/SSP) couples who are discontinued from SSI/SSP for excess income have an individual SOC instead of a SOC, which when certified for one partner, certifies the other partner. The new SOC database is currently not able to link the couple's cases together while the couple's records have county identification numbers in the federal format (county, plus aid code, plus 9, plus Social Security number). Since the couples do not have MC 177's and the BIC card would only certify one partner's SOC, we are asking, as an interim measure that counties do the following:

- 1) Clear the couple's SOC using the SOC obligation screen; or,
- 2) Send all pertinent information to the following address and the Medi-Cal Eligibility Branch will clear the SOC:

Department of Health Services
Medi-Cal Eligibility Branch
Attn: Bonnie Kinkade
714 "P" Street, Room 1650
P.O. Box 942732
Sacramento, CA 94234-7320

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Ramos Coordinators
Page 2

BIC implementation Ramos couples with a SOC were separated from the BIC implementation Ramos individuals and given a special Ramos notice telling them to take their NOAs and bills to their county welfare department. The Ramos couples are noted on the Ramos reports BIC counties received (Report Number RS-XVI017T-R022) as "BIC Couple". There were a total of 50 persons in the "BIC Couple" category for March 1994 dispersed between the five BIC counties.

We are hoping to eliminate the "couples" problem before May 1994.

Here are the types of RAMOS notices sent for March 1994:

1. Non-BIC implementation counties--no change in the Ramos notices;
2. BIC Counties--slightly different language because of the lack of an MC177 or paper card; or,
3. Subgroup of No. 2: special notice for couples includes the language in #2 plus language informing beneficiaries to bring their NOAs and bills to the counties for SOC certification. (Remember that SOC certification will be "real time" rather than the week(s) a paper MC 177 takes.)

We apologize for any inconvenience. Thank you for your cooperation. If you have any questions, please contact Bonnie Kinkade of my staff at (916) 657-1469.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 11A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
IMPORTANT NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
DECEASED PERSONS - STATE REGISTRAR

To the Representatives of the Estate of:

VS00477

Social Security Number:

Beneficiary ID Number:

The California Office of the State Registrar has notified us of the death of the above named person. Because of this, we have turned off the SSI/SSP Medi-Cal card for this individual effective February 28, 1994.

This action is required by California Code of Regulations, Title 22, Section 50176.

If the individual named above is not deceased, IMMEDIATELY contact the Department of Health Services at the address or telephone number below to request the SSI/SSP Medi-Cal card be turned on again:

IF THE ABOVE INDIVIDUAL IS NOT DECEASED, DO NOT THROW AWAY THE PERMANENT PLASTIC CARD! YOU CAN USE IT AGAIN.

For your information, there are no special death or burial benefits provided under the Medi-Cal program.

Please read the enclosed Request For A Fair Hearing

DO YOU WANT MEDI-CAL AFTER March 31, 1994?

If you do, take the following actions:

- Complete the enclosed Medi-Cal application form
- Complete the enclosed Medi-Cal Temporary Redetermination form
- Mail the form immediately to:

The county will review your application, check your share-of-cost amount, and decide whether you can get Medi-Cal after March 1994.

DO YOU NEED HELP IN COMPLETING THE FORMS? If you need help in completing the forms or if you have questions about Medi-Cal, contact the county welfare department at the phone number listed above. If you are confused by your forms, complete as much as you can, sign the application form and send the forms to the address above. Someone in the county will contact you to help you complete the forms.

IF YOU ARE STILL GOING TO GET SSI/SSP, PLEASE IGNORE THIS NOTICE EXCEPT FOR THIS INFORMATION: If Social Security (SSA) has told you that you are going to get SSI/SSP again, SSA will tell the State to turn on your plastic card. This process usually takes 3 to 4 weeks. If you have a medical emergency before then, contact your local Social Security office. SSA will give you a form which you should take to your local county welfare department. The county welfare department will then turn on your plastic card.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

You may again be eligible for these benefits. There may be, however, a break in coverage during which Part B premiums may be taken out of your Title II Social Security check or you may receive a bill for Part B premiums. To minimize this break, we recommend that you contact your welfare officer as soon as possible to apply for Medi-Cal. When your eligibility for Medi-Cal is established, Medi-Cal will pay your Part B premiums. Then the Social Security Administration may be able to refund to you any Part B premiums you paid or which were withheld from your Social Security check. This type of refund typically takes approximately 60-90 days.

If you wish the State to continue paying your Part B premiums AFTER March 1994, you should send in your application forms immediately. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

This action is required by California Code of Regulations, Title 22, Section 50227 and 50703.

(Type 1 - Singles/BIC - 02/94)

*** PLEASE READ THE ENCLOSED REQUEST FOR A STATE FAIR HEARING ***

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 10A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(Disabled Adult Child - Pickle)

Social Security Number:

Beneficiary ID Number:

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because SSA informed us that you are not receiving an SSI/SSP check now, your SSI/SSP-based Medi-Cal eligibility will end February 28, 1994, however, YOU HAVE BEEN GRANTED ONE MONTH OF EXTENDED MEDI-CAL ELIGIBILITY. YOU CAN USE YOUR BENEFITS IDENTIFICATION CARD (permanent plastic card) for the month of March 1994.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU MAY BE ABLE TO USE IT AGAIN.

IF YOU WANT TO CONTINUE YOUR MEDI-CAL COVERAGE, YOU MUST TAKE THE FOLLOWING ACTIONS: COMPLETE THE ENCLOSED APPLICATION AND THE STATEMENT OF FACTS. MAIL THEM NO LATER THAN March 5, 1994 to:

DO YOU WANT MEDI-CAL AFTER March 31, 1994?

If you do, take the following actions:

- Complete the enclosed Medi-Cal application form
- Complete the enclosed Medi-Cal Temporary Redetermination form
- Mail the form immediately to:

The county will review your application, check your share-of-cost amount, and decide whether you can get Medi-Cal after March 1994.

DO YOU NEED HELP IN COMPLETING THE FORMS? If you need help in completing the forms or if you have questions about Medi-Cal, contact the county welfare department at the phone number listed above. If you are confused by your forms, complete as much as you can, sign the application form and send the forms to the address above. Someone in the county will contact you to help you complete the forms.

IF YOU ARE STILL GOING TO GET SSI/SSP, PLEASE IGNORE THIS NOTICE EXCEPT FOR THIS INFORMATION: If Social Security (SSA) has told you that you are going to get SSI/SSP again, SSA will tell the State to turn on your plastic card. This process usually takes 3 to 4 weeks. If you have a medical emergency before then, contact your local Social Security office. SSA will give you a form which you should take to your local county welfare department. The county welfare department will then turn on your plastic card.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

You may again be eligible for these benefits. There may be, however, a break in coverage during which Part B premiums may be taken out of your Title II Social Security check or you may receive a bill for Part B premiums. To minimize this break, we recommend that you contact your welfare officer as soon as possible to apply for Medi-Cal. When your eligibility for Medi-Cal is established, Medi-Cal will pay your Part B premiums. Then the Social Security Administration may be able to refund to you any Part B premiums you paid or which were withheld from your Social Security check. This type of refund typically takes approximately 60-90 days.

If you wish the State to continue paying your Part B premiums AFTER March 1994, you should send in your application forms immediately. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

This action is required by California Code of Regulations, Title 22, Section 50227 and 50703.

(Type 1 - Couples/BIC - 02/94)

*** PLEASE READ THE ENCLOSED REQUEST FOR A STATE FAIR HEARING ***

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 8A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
IMPORTANT NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
DECEASED PERSONS - RETURNED CARD

To the Representatives of the Estate of:

RC00302

Social Security Number:

Beneficiary ID Number:

The above-named person's Supplemental Security Income/State Supplemental Payment (SSI/SSP) Medi-Cal card was returned to the Department of Health Services with a notation on the card that the named beneficiary is "Deceased". Because of this, we have turned off the SSI/SSP Medi-Cal card for this individual.

This action is required by California Administrative Code, Title 22, Section 50176.

If the individual named above is not deceased, IMMEDIATELY contact the Department of Health Services at the address or telephone number below to request a new permanent plastic card be sent:

For your information, there are no special death or burial benefits provided under the Medi-Cal program.

(02/94)

Please Read The Enclosed Request For A Fair Hearing

IF YOU ARE NOT RESIDING AT THE ABOVE ADDRESS, THE COUNTY MAY BE UNABLE TO CONTACT YOU.
IF THE COUNTY WELFARE DEPARTMENT DOES NOT CONTACT YOU BY April 1, 1994, PLEASE CONTACT
THEM AT THE FOLLOWING ADDRESS:

Keep this letter to show the county welfare department. It will help them to determine
your Medi-Cal status.

(02/94 - SDX-L/A) PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

OT00002

Social Security Number:

Beneficiary ID Number:

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for SSI/SSP-based Medi-Cal after February 28, 1994.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

Even though you are no longer eligible for SSI/SSP-based Medi-Cal, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION AND STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU CAN USE IT AGAIN.

The county will review your application and determine your continuing Medi-Cal eligibility immediately, IF YOU COMPLETE AND RETURN THESE FORMS BY March 5, 1994. Later, the county will set up an appointment for your interview with your county eligibility worker.

If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however, be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the county welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal.

If you do not follow these instructions, your Extended Medi-Cal Eligibility will end March 31, 1994. If you want Medi-Cal again, you will have to apply at the county welfare department.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(02/94)

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 3A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
LOSS OF RESIDENCE

LR00262

Social Security Number:

Beneficiary ID Number:

The Social Security Administration has notified us that you no longer live in California. As a result, you are no longer eligible to receive a State Supplementary Payment (SSP) and you will not be eligible for SSI/SSP-based Medi-Cal after February 28, 1994.

The regulation which requires this action is California Administrative Code, Title 22, Section 50320, which specifies that a person must live in California in order to be eligible for Medi-Cal.

If you believe that the discontinuance of your SSI/SSP benefits was incorrect, contact your local Social Security Office.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

DO NOT THROW AWAY THE BENEFITS IDENTIFICATION CARD (PERMANENT PLASTIC CARD)!.
YOU CAN USE IT AGAIN.

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 5A
NOTICE PREPARATION DATE:
February 11, 1994

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
DECEASED PERSONS

MEDI-CAL
NOTICE OF ACTION

To the Representatives of the Estate of:

DE00284

Social Security Number:

Beneficiary ID Number:

The Social Security Administration has notified us of the death of the above-named person and that as a result, his/her Supplemental Security Income/State Supplementary Payment (SSI/SSP) check has been stopped. Because of this, we have turned off the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Medi-Cal card for this individual effective February 28, 1994.

This action is required by California Administrative Code, Title 22, Section 50176.

If the individual named above is not deceased, he/she has the right to request restoration of his/her SSI/SSP check and Medi-Cal eligibility. The individual should contact his/her local Social Security Office.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

For your information, there are no special death or burial benefits provided under the Medi-Cal program.

IF THE ABOVE INDIVIDUAL IS NOT DECEASED, DO NOT THROW AWAY THE BENEFITS IDENTIFICATION CARD (PERMANENT PLASTIC CARD)! YOU CAN USE IT AGAIN.

The county will review your application and determine your continuing Medi-Cal eligibility immediately, IF YOU COMPLETE AND RETURN THESE FORMS BY March 5, 1994. Later, the county will set up an appointment for your interview with your county eligibility worker.

If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the county welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal.

If you do not follow these instructions, your Extended Medi-Cal Eligibility will end March 31, 1994. If you want Medi-Cal again, you will have to apply at the county welfare department.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(02/94)

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

OT00002

Social Security Number:

Beneficiary ID Number:

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for SSI/SSP-based Medi-Cal after February 28, 1994.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

Even though you are no longer eligible for SSI/SSP-based Medi-Cal, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION AND STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU CAN USE IT AGAIN.

The county will contact you to set up an appointment for you to come in for an interview with a county worker. This interview and the completion of the forms are necessary to establish your ongoing Medi-Cal eligibility.

If you do not return the forms and participate in the interview, your Medi-Cal eligibility cannot be determined and your Medi-Cal benefits will end in the month shown above.

If you have questions on how to complete the forms, or if you need help with them, contact the county at the address or phone number listed above.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(02/94)

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

IF YOU ARE NOT RESIDING AT THE ABOVE ADDRESS, THE COUNTY MAY BE UNABLE TO CONTACT YOU.
IF THE COUNTY WELFARE DEPARTMENT DOES NOT CONTACT YOU BY April 1, 1994, PLEASE CONTACT
THEM AT THE FOLLOWING ADDRESS:

Keep this letter to show the county welfare department. It will help them to determine
your Medi-Cal status.

(02/94 - SDX-L/A) PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 10A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(Disabled Adult Child - Pickle)

Social Security Number:

Beneficiary ID Number:

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because SSA informed us that you are not receiving an SSI/SSP check now, your SSI/SSP-based Medi-Cal eligibility will end February 28, 1994, however, YOU HAVE BEEN GRANTED ONE MONTH OF EXTENDED MEDI-CAL ELIGIBILITY. YOU CAN USE YOUR BENEFITS IDENTIFICATION CARD (permanent plastic card) for the month of March 1994.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO TURN ON YOUR PLASTIC CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR PLASTIC CARD TURNED ON BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT. THEY WILL TURN ON YOUR PLASTIC CARD FOR THE MONTHS TO WHICH YOU ARE ENTITLED."

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU MAY BE ABLE TO USE IT AGAIN.

IF YOU WANT TO CONTINUE YOUR MEDI-CAL COVERAGE, YOU MUST TAKE THE FOLLOWING ACTIONS: COMPLETE THE ENCLOSED APPLICATION AND THE STATEMENT OF FACTS. MAIL THEM NO LATER THAN March 5, 1994 to:

DO YOU WANT MEDI-CAL AFTER March 31, 1994?

If you do, take the following actions:

- Complete the enclosed Medi-Cal application form
- Complete the enclosed Medi-Cal Temporary Redetermination form
- Mail the form immediately to:

The county will review your application, check your share-of-cost amount, and decide whether you can get Medi-Cal after March 1994.

DO YOU NEED HELP IN COMPLETING THE FORMS? If you need help in completing the forms or if you have questions about Medi-Cal, contact the county welfare department at the phone number listed above. If you are confused by your forms, complete as much as you can, sign the application form and send the forms to the address above. Someone in the county will contact you to help you complete the forms.

IF YOU ARE STILL GOING TO GET SSI/SSP, PLEASE IGNORE THIS NOTICE EXCEPT FOR THIS INFORMATION: If Social Security (SSA) has told you that you are going to get SSI/SSP again, SSA will tell the State to turn on your plastic card. This process usually takes 3 to 4 weeks. If you have a medical emergency before then, contact your local Social Security office. SSA will give you a form which you should take to your local county welfare department. The county welfare department will then turn on your plastic card.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

You may again be eligible for these benefits. There may be, however, a break in coverage during which Part B premiums may be taken out of your Title II Social Security check or you may receive a bill for Part B premiums. To minimize this break, we recommend that you contact your welfare officer as soon as possible to apply for Medi-Cal. When your eligibility for Medi-Cal is established, Medi-Cal will pay your Part B premiums. Then the Social Security Administration may be able to refund to you any Part B premiums you paid or which were withheld from your Social Security check. This type of refund typically takes approximately 60-90 days.

If you wish the State to continue paying your Part B premiums AFTER March 1994, you should send in your application forms immediately. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

This action is required by California Code of Regulations, Title 22, Section 50227 and 50703.

(Type 1 - Couples/BIC - 02/94)

*** PLEASE READ THE ENCLOSED REQUEST FOR A STATE FAIR HEARING ***

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 11A
NOTICE PREPARATION DATE:
February 11, 1994

MEDI-CAL
—IMPORTANT NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
DECEASED PERSONS - STATE REGISTRAR

To the Representatives of the Estate of:

VS00477

Social Security Number:

Beneficiary ID Number:

The California Office of the State Registrar has notified us of the death of the above named person. Because of this, we have turned off the SSI/SSP Medi-Cal card for this individual effective February 28, 1994.

This action is required by California Code of Regulations, Title 22, Section 50176.

If the individual named above is not deceased, IMMEDIATELY contact the Department of Health Services at the address or telephone number below to request the SSI/SSP Medi-Cal card be turned on again:

IF THE ABOVE INDIVIDUAL IS NOT DECEASED, DO NOT THROW AWAY THE PERMANENT PLASTIC CARD! YOU CAN USE IT AGAIN.

For your information, there are no special death or burial benefits provided under the Medi-Cal program.

Please read the enclosed Request For A Fair Hearing

DO YOU WANT MEDI-CAL AFTER March 31, 1994?

If you do, take the following actions:

- Complete the enclosed Medi-Cal application form
- Complete the enclosed Medi-Cal Temporary Redetermination form
- Mail the form immediately to:

The county will review your application, check your share-of-cost amount, and decide whether you can get Medi-Cal after March 1994.

DO YOU NEED HELP IN COMPLETING THE FORMS? If you need help in completing the forms or if you have questions about Medi-Cal, contact the county welfare department at the phone number listed above. If you are confused by your forms, complete as much as you can, sign the application form and send the forms to the address above. Someone in the county will contact you to help you complete the forms.

IF YOU ARE STILL GOING TO GET SSI/SSP, PLEASE IGNORE THIS NOTICE EXCEPT FOR THIS INFORMATION: If Social Security (SSA) has told you that you are going to get SSI/SSP again, SSA will tell the State to turn on your plastic card. This process usually takes 3 to 4 weeks. If you have a medical emergency before then, contact your local Social Security office. SSA will give you a form which you should take to your local county welfare department. The county welfare department will then turn on your plastic card.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

You may again be eligible for these benefits. There may be, however, a break in coverage during which Part B premiums may be taken out of your Title II Social Security check or you may receive a bill for Part B premiums. To minimize this break, we recommend that you contact your welfare officer as soon as possible to apply for Medi-Cal. When your eligibility for Medi-Cal is established, Medi-Cal will pay your Part B premiums. Then the Social Security Administration may be able to refund to you any Part B premiums you paid or which were withheld from your Social Security check. This type of refund typically takes approximately 60-90 days.

If you wish the State to continue paying your Part B premiums AFTER March 1994, you should send in your application forms immediately. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

This action is required by California Code of Regulations, Title 22, Section 50227 and 50703.

(Type 1 - Singles/BIC - 02/94)

*** PLEASE READ THE ENCLOSED REQUEST FOR A STATE FAIR HEARING ***